

Swaddlers, Waddlers, & Toddlers

Chapter

Chapter 19:

Care of Young Children
(WAC 388-295-2090, 388-295-2100, 388-295-2120, 388-295-2130).

Regulations, best practices, and helpful hints about: **Care of Young Children (Infants and Toddlers)**

Chapter 19. WAC 388-295-2090 to 388-295-2130

Care of Young Children (Infants and Toddlers)

Caring for infants and toddlers can be a major joy, but it is also a major responsibility. The younger the children, the more vulnerable they are. Infants are totally dependent on the provider to safeguard them from harm and satisfy their physical, emotional, and intellectual needs. Therefore, infant care puts more demands on the provider than other types of child care. In deciding to provide infant care, you should carefully consider the:

- Number, qualifications, scheduling, and training of staff required.
- Layout of the center to provide a safe, quiet, separate, comfortable, stimulating, and sanitary place for the infants.
- Coordination needed with the infant's parents.

The suggestions in this chapter come from best practice standards in the early childhood and pediatric communities. We hope they will help start you on your way to providing a nurturing environment for infants and toddlers.

Group Size, Staff-Infant Ratio, and Separate Play Area

DSHS requires that centers:

- * Care for infants in their own separate space except that in centers licensed for twelve or fewer children, infants may be combined with older children so long as there are three or fewer infants and the infant staff-to-child ratio is maintained.
- * Put no more than 8 infants in a group.
- * Have at least two providers if there are more than four infants present.

There are many good reasons for keeping infant care areas small, separate, and well-staffed:

- Infants need lots of personal attention and holding. Many activities such as diapering and feeding require one-to-one attention, cutting down on the availability of that staff member to other infants.
- It is best to limit the number of providers caring for infants so the infants can bond and feel secure. Providers get to know an infant's personal needs and signals intimately.

**KEEP INFANT CARE
AREAS SMALL, SEPA-
RATE, AND WELL-
STAFFED**



- Infants require changing levels of stimulation that adjust to their rhythms and feed their sense of order. The small, home-like atmosphere offers the infant an environment that is familiar and natural and creates a sense of warmth.
- Infants' immune systems are not fully developed. Therefore, keeping materials and surfaces as sanitary as possible is very important. Limiting the number of children handling the materials infants will be touching helps limit the spread of germs.
- Infants are physically very vulnerable, especially when they are lying on the floor. You don't want other children accidentally kicking, poking, or falling on top of them.
- There is greater need for infant providers to coordinate and communicate with children's parents.

Toddlers have a similar need for personal attention and manageable group sizes, though not to the same extent. Therefore, toddler groups can have a one to seven staff-child ratio, with the largest group size being 14.

Deciding when a child is ready to move from an infant to a toddler group or from a toddler to a preschool room is not just a matter of noting their birthday. If a child turns 12 months but does not appear to be mobile or independent enough for the toddler room, the provider should consult with the child's parents. Similarly, a child of ten months may be exceptionally independent and already walking. This child may receive more appropriate care in the toddler room. Take into account a young child's development level in determining the most appropriate group placement.

Equipment

Make sure the equipment you use with the children is safe and clean. It also helps if it is attractive.

Equipment should not easily tip over or fold up accidentally. All sharp edges and fasteners should have protective covers. Surfaces and pads should be in good repair and easily cleaned.

Here are some additional tips regarding common infant equipment.

High Chairs

- Make sure trays lock securely in place.
- Make sure safety straps are secure, and use them.
- Clean and disinfect high chairs after each use.
- Teach children not to stand in high chairs, and caution older children not to climb on them.
- Make sure you have enough high chairs so older infants and young toddlers don't need to "wait in line" to be fed.

Cribs and Playpens

- Only use single-level cribs and playpens. Stacked cribs, either the freestanding "bunk bed" variety or the kind mounted in the wall, are essentially cages. They give children too little visual stimulation and put them dangerously high off the ground. The department prohibits stacked cribs.

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- Check to see if the slats are more than 2 3/8" apart. A gap of 2 3/8" is approximately the width of four fingers. Do not use cribs for children under six months old if the slats are further apart than 2 3/8" UNLESS you fill the gap with secure bumper pads. Make sure you securely attach netting or bumper pads on the interior side of the slats.
- Make sure mattresses fit snugly, are watertight, and attach securely to the frame.
- To prevent strangulation, remove crib gyms and mobiles when children are old enough to grab them.
- When children can stand up, set the mattress at its lowest setting and lock the side rail at its highest setting. Remove bumper pads and large toys children might use for climbing. Children have outgrown their crib when the side rail is less than three quarters of the child's height.

Infant Carriers

- Infant carriers should be wide enough that they do not tip over easily.
- Make sure there is a safety strap, and use it.
- The carrier should not slide easily. If the carrier does not have a nonskid surface on the bottom, you can attach rough adhesive strips.
- Never leave an infant unattended in a carrier set on a table, counter, chair, or other elevated surface.

Baby Carriages and Strollers

Check out the features as you would a car. Do the brakes lock properly? Does it have an adjustable restraining belt that fits snugly and comfortably? Does the stroller tip over easily backwards or to the side? Does it steer well? Do hinges lock firmly in the open position? Can children pinch their fingers when the stroller opens or collapses? Does it allow infants to lay down or shield them from the sun?

Car Seats See Chapter 9, under "Transportation."

Walkers, Jumper Seats, and Automatic Swings

There are several types of popular equipment that providers often overuse or use inappropriately.

Baby walkers are prohibited for use in child care centers. There are some advantages in using jumper seats, or automatic swings for the care of young children. If you equip your center with this type of equipment you must be aware of its hazards. Ensure such items are sturdy and safe. Closely supervise young children using this equipment. Make certain the equipment is consistent with children's developmental levels. Avoid overuse of jumper seats and automatic swings. You should limit use of this equipment to short periods of time. This equipment must meet the needs of children, not those of providers.

Visits by a Consulting Nurse (WAC 388-295-4130)

The purpose of having a nursing consultant is so you have someone to turn to for advice about health and infant growth and development. This is especially important with young infants. Having a person familiar with infant care issues to talk to can be a valuable resource for the center and staff in:

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- Developing the center's infant care policies and staff training procedures.
- Giving suggestions for dealing with particular behaviors or symptoms.
- Providing a link to health care resources in the community.
- Providing information for parents.
- Verifying that the center's infant care practices are safe, hygienic, and developmentally appropriate.
- Providing information on how to care for at-risk or special needs children.

By having a nurse consultant with whom you have an ongoing, close relationship, you are likely to use that person as a resource.

If your center is licensed for four or more infants, you must have a written agreement for consultation from a registered nurse trained in pediatrics or infant care. You can also use a qualified nurse on staff with the consulting role in their job description. Sources you might use to find a

qualified consulting nurse include:

- Your parent group.
- A local hospital or nursing school.
- Local pediatric or nursing associations.
- Your local public health department.
- Resource and Referral.
- Your licensor or health surveyor.
- A local pediatric medical practice.

One of the ways the nurse serves as an effective resource for the center is by visiting the program at least once a month. You must keep a file documenting the nurse's visits. You should include in the documentation:

- * The dates of the visits.
- * A summary of what the consultant observed and what problems and recommendations the consultant indicated.
- * The signature of the nurse.

You must write down next to the phone the name and number of the nurse or post it in a place for staff so they can quickly contact the nurse.

A growing number of children come to child care at risk. The reasons include premature birth, fetal alcohol syndrome, or children born to drug-addicted or AIDS-infected mothers. Questions about the child's birth should be part of the pre-enrollment interview. Providers can get specialized training in how to recognize and care for at-risk children.

SWADDLERS, WADDLERS, & TODDLERS

If you know you have such a child, get as much information from the parents as you can. If the child is receiving specialized care, ask for the parents' written permission to consult with those specialists. Get advice from your health consultant as well as your nurse consultant, if you have one. Providers may want to document any warning signs or concerns. Communicate these to the parents and other specialists providing care.

Sudden Infant Death Syndrome (WAC 388-295-4110)

Sudden Infant Death Syndrome (SIDS), sometimes called crib death, is the leading cause of death for infants one week to one year of age. With SIDS, seemingly healthy babies stop breathing during their sleep. With more infants in child care today, it is inevitable that some SIDS deaths will occur in child care settings.

Providers who have had a child die of SIDS in their care often blame themselves and wonder what they might have done to prevent the tragedy. Depression and feelings of guilt are common. It is important to understand that there is no way to predict or prevent SIDS. Your licensor, local health department, or the National SIDS Foundation can give you information on support and counseling available in your community to help you deal with the tragedy.

Feeding

Health and Sanitation (WAC 388-295-4030, 388-295-4040)

You should keep bottles refrigerated except when feeding the infant. You should equip the infant room with its own small refrigerator. Most infants will drink formula at room temperature. If you prepare the bottle at feeding time from powder or concentrate, you may wish to mix the formula with warm water. Make very sure the formula is not too hot before feeding the infant. A good way to heat bottles is to stand them for a few minutes in water that is hot but not boiling. Heating bottles in a microwave oven is a dangerous practice and should be avoided.

Store bottles and nipples so you don't contaminate one while getting another. One good way is to store each clean nipple with a clean bottle and keep a cap on the bottle. Also, cap used bottles when you store them in the refrigerator for reuse that day. At the end of the day, you must dump or send home all formula not used.





You may want to have parents send prepared bottles every day and take home the empties every night. You may be participating in a food program and preparing bottles on site. Whatever your feeding policy, make sure you discuss it with your parents.

If parents send either powdered or liquid canned formula, ask them to bring you an unopened can. That way you can be sure how long it's been open. Make sure you check the expiration date, usually printed on the label or the bottom of the can. Label the can clearly with the child's name and the date it was opened. Cover and refrigerate opened cans of liquid formula between feedings.

If a nursing mother sends breast milk for her baby, make sure it is labeled and refrigerated.

Infants and toddlers may have a need to suck between feedings. Parents may give you permission to offer their child a pacifier. Consult with parents about whether and how often they want you to offer a pacifier. Children generally give up pacifiers on their own when they no longer “need” them. Milk or juice bottles which children carry and suck on periodically do more damage to developing gums and teeth than pacifiers.

You may want to attach children's pacifiers to their clothing. There are many clip types. Make sure the cord is no more than 4-5" long so it cannot wrap around the child's neck. Label individual children's pacifiers, and don't let children share pacifiers. Clean pacifiers when they have been on the floor and sanitize them periodically by dipping them in a weak bleach solution for one minute.

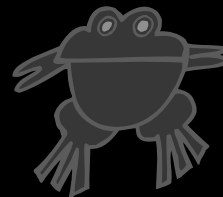
Feeding Time as a Social and Learning Experience for Infants

Tremendous growth and development take place during the first year of a child's life. As a care giver to infants, two of your most important jobs are:

- (1) To provide nutrients to support growth.
- (2) To provide stimulation to encourage development.

Feeding times provide opportunities to do both. The following suggestions will help you make the most of those special times in a child care program.

**IT IS BETTER TO
FOLLOW BABIES'
CUES FOR STARTING
AND ENDING FEED-
INGS THAN TO PUT
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Feeding Cues

Check with parents about any feeding schedule preferences they have. Babies generally let you know when they are hungry and when they are full. Some cues to watch for:

Hunger Cues

Infants may be trying to tell you they're hungry if you see:

- Mouthing.
- Rooting.
- Crying.
- Hands to mouth.
- Sucking movements.
- Clenched fingers.
- Tight fists over the chest or tummy.

It is better to follow babies' cues for starting and ending feedings than to put them on a strict feeding schedule.

Need for a Break in the Feeding

Infants may need to stop feeding for a little when you see:

- Crying.
- Back-arching.
- Pulling away.
- Looking away.
- Coughing, choking, or spitting up.

You should respect the infant's need to rest in the middle of a feeding. Sit the baby up, change position, talk in a soothing manner, and pat the baby gently until calm. The baby will often use this time to explore your face. This is the beginning of communication between you and the baby.

Infants will eat better and in less time if they are alert. Some ways to rouse a drowsy baby include:

- Taking blankets off.
- Changing their diaper.
- Putting your face 7-8 inches away from the baby's face and talking gently.
- Changing the pitch of your voice or the speed of talking.
- Sitting the baby up or putting the baby on your shoulder.
- Gently rubbing the baby's stomach.
- Giving the baby something to grasp.

Signs of Being Full

Infants may be indicating they have had enough when you see:

- Turning or pushing away.
- Back-arching.
- Falling asleep.
- Mouth and cheek muscles relaxing.
- Extended or relaxed arms along side of body, or extended and relaxed fingers.



Some mothers who breast feed will want to continue this when their babies enter a child care program. Your cooperation and support are very important for this to work. Things you can do include:

- *Cooperate with the mother as much as possible so the child's eating and sleeping schedules coincide with her work schedule.*
- *Be sure there is space and a comfortable chair available when she comes to feed the baby.*
- *Offer the mother a glass of juice, milk, or water.*
- *Praise the mother (and yourself!) for the extra effort you both are making for this to work.*

Position, Touch, and Movement

Hold infants close to your body where they can see your eyes and face. Babies get to know you by looking at your face and eyes. They enjoy close contact and feeling safe.

Other tips on holding infants during feeding:

- Young infants do not have good head control and will need a hand behind the head for extra support.
- Hold babies so the head is higher than the hips. This helps babies swallow and prevents choking.
- Hold the bottle or, when infants are old enough, let them hold it. NEVER prop a bottle.
- Stroke babies gently and give affectionate pats and kisses when you feed babies. Touch is one of the most important ways of communicating and interacting with infants.
- Rock and gently move babies. A rocking chair with arms is helpful for movement and to help you support a baby's position. Occasionally change a baby's position, as for burping.



“Bottle Mouth”

There are also physical reasons not to prop baby bottles or put children down to sleep with bottles. Infants tend to keep the last swallow of milk or juice in their mouth. This leads to decay of the children’s first teeth, especially in the front of their mouth. This condition also occurs in infants or toddlers who carry a bottle around with them as a pacifier.

If you give a child a bottle to fall asleep with, fill it with water. If children need to suck on something during the day, ask the parents if you can use a pacifier rather than a bottle.

Communication

Feeding time is ideal for interaction between the provider and baby. The following ideas will promote intellectual and emotional development:

- Talk to the baby during the feeding. Talk about anything, describe what is in the bottle, what’s going on in the room, how you are feeling, or how you think the baby feels.
- Repeat the baby’s sounds. These sounds are the beginning of the baby’s language. The baby will make more sounds when you talk back. Babies have short memories (about five seconds), so it is important to answer the baby right away.
- Try different sounds with your voice. Sing, hum, use a different pitch, make funny noises. Babies respond to different tones, voice levels, or unusual sounds.
- Recognize the infant’s nonverbal attempts to communicate with you, such as by smiling, laughing, searching, looking for your eyes, or reaching to touch you.

**FEEDING TIME IS
IDEAL FOR INTER-
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BABY.**



Some babies (often those born prematurely) don’t give clues that are very easy to read. If you have difficulty understanding a baby’s signals, talk with the parents about ways their baby communicates with them, or consult with a public health nurse.

Signs of stress in infants may include:

- *Failure to thrive.*
- *Lack of weight gain.*
- *Difficult eating patterns.*
- *Decreased ability to be comforted.*
- *Significant behavioral change or regression in their development.*
- *Toddlers may show one of the above symptoms, or have new difficulties with transitions or separation.*
- *Realize that you are also communicating nonverbally with the infant by how you hold and touch them and by your general muscle tension. The baby can feel your body tone and will know when you are relaxed, tense, or uptight. If you are tense, the baby may get tense and upset too. This may affect how well the feeding goes.*



Some things you might try if you are feeling tense while feeding an infant:

- *Take a few deep breathes and try to relax.*
- *Concentrate on specific parts of your body, such as your neck or arms. See if you can get those muscles to relax.*
- *Find a quieter area that is not in the middle of other activities in the room. If there are adequate staff and space, sit with your back to others, or go to a different room that is quiet.*
- *Play a record or tape of quiet, relaxing music.*

Feeding Older Infants and Toddlers

As older infants and toddlers become more independent in feeding, it is important to continue making eating a positive time for interaction and development. Some considerations for their eating include:

Position

When the child is old enough to sit upright and hold a bottle, they may use a:

- High chair.
- Infant seat.
- Feeding table.
- Small table and chairs.
- Booster seat at an adult table.

It is ideal to feed one infant at a time. If that is not possible, arrange seats or chairs so that they can have eye contact and interact with you and each other while you feed them.

Communication

As with young infants, it is important to talk to older infants and toddlers during feedings. Respond to their sounds, and talk in sentences. Describe the colors, textures, tastes, and smells of the food, how you are feeling, the weather, etc., much as you would when socializing during a meal with an older child or adult.

Cues

As with young babies, the older infant and toddler will give you signals about hunger, being full, the need for a rest, and the desire for interaction. Responding appropriately to those cues promotes interaction, builds trust, and helps children become aware of their needs and how to express them.



Keeping older infants and young toddlers neat and clean during meals and snacks is an exercise in futility! It is important for them to touch and explore eating utensils and the food and to experiment with eating. Manners and tidiness will come later. Emphasis on these things will only frustrate you and the child as well as possibly lead to eating disorders.

Starting Solid Foods

Although parents choose most food for their babies, your understanding of nutrition and feeding is important so you can be a resource when they have questions.

The choice of foods for babies should come from their nutritional and developmental needs. For most babies, breast milk or formula is the best source of nutrients throughout the first year of life. At four or five months of age, however, most babies are learning to munch and are becoming interested in semi-solid foods.

Caregivers should feed infants semi-solid food, such as cereal, with a spoon, not through a bottle. Chewing, gumming, and swallowing skills are necessary for infants' language development. Sucking food from a bottle does not allow infants the opportunity to gain tongue skills for language.

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Ask the parents what foods they are starting at home and follow that plan at the center. Introducing only one new food per week is a good idea. If the infant has an allergic reaction, it is then easier to pinpoint which food is causing the problem.



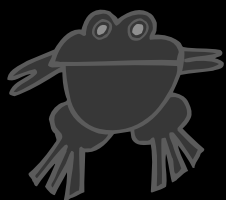
You might keep a log of when parents are starting new foods, what you are feeding at the program, and how the baby accepts the food. This serves as a valuable memory aid when you care for more than one infant or when different staff people tend the infant at different times.

Bland, easily digested foods such as single-grain cereals (rice or oats), mashed carrots, or bananas are good at first. Finger foods and small spoons help with feeding solids and promoting self-feeding and fine motor development in older infants.

Citrus fruits and wheat generally cause the most problems with allergies. It is best to add them to the baby's diet last, when the digestive and immune systems are a little more mature.

Baby food in jars can quickly spoil once open. Use a clean spoon to put the portion you plan to use in a bowl or cup. NEVER feed directly from the jar unless you are planning to throw the jar away when done. If you want to get more from the jar, use a clean spoon, not the one you have been using to feed the baby. Throw away the unused portion in the bowl or cup.

**USE DIAPER
CHANGING AS A
TIME FOR RELAXED,
ONE-ON-ONE
INTERACTION WITH
CHILDREN.**



Changing from Bottle to Cup

Somewhere between ten and twelve months, most babies develop fine motor and additional swallowing skills to be able to drink from a cup. This is the best time to start gradually using a cup and should occur in coordination with what is happening at home. Cups with weighted bottoms or covered tops will reduce the amount of spills as the child gradually learns to pick up and set down the cup without tipping it over.

The infant may miss the comfort that comes from being held during feeding. The transition from bottle to cup will be easier if you find other times to have similar close contact with the baby.

Diapering and Toileting

Use diaper changing as a time for relaxed, one-on-one interaction with children. Don't communicate disgust or disapproval. Handle children gently as you go about cleaning them up and diapering them. Talk to the child constantly. There should be lots of eye contact, smiles, and social games. Pleasant and stimulating diaper changing times are especially important for younger infants, whose range of activities is so limited.

Diaper Changing Area (WAC 388-295-4120)

The diaper changing area is one of the places where germs that cause disease are most likely to live and spread. The best way to prevent the spread of germs is if:

- The diaper changing area and supplies are laid out so you can immediately seal all soiled items in moisture proof containers.
- Care givers wash their hands thoroughly after each diaper change. Disposable plastic gloves do not prevent the spread of germs by themselves. If you



rely on plastic gloves, you must use a new pair of gloves for each diaper change. Because of infant care separation requirements, the diaper changing area and sink must be in the room where infant care is given. This is the best practice for toddler care as well. When deciding the layout of your changing area, remember all the things you may need to reach while changing a diaper:

- (1) Supplies. You will need on hand a supply of diapers, baby wipes, washclothes, plastic bags, markers for writing on bags, etc. Diaper ointments and powders qualify as nonprescription medications. You cannot use these without the parent's written permission. Parents can send in an individual supply with the child's name on the container.
- (2) A place to change the child. For the provider's comfort and convenience, the changing surface is often elevated. In this case, it is good practice to use a safety belt on the child. You must never leave a child alone on a raised surface. For the child's comfort, you should cover a hard changing surface with moisture-proof padding, especially under the child's head. The changing area should have a raised lip or railing around the pad, to keep the pad from slipping out of position.
- (3) A change of clothes for the child.
- (4) Materials for sanitizing the changing surface. The changing surface should be sanitized after use by spraying the surface with a bleach solution (1/4 cup bleach to one gallon of water), wait one minute, then wipe the surface dry. The bleach solution should be labeled and changed daily.
- (5) A covered container for disposable soiled items, such as used baby wipes, disposable diapers, plastic gloves, changing table covering, paper towels, etc. You must sanitize this container each time it is emptied or line it with a plastic liner.

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- (6) A container for cloth diapers. This might be a single diaper pail with an airtight plastic liner, if the center is supplying the diapers. If you send the diapers home for laundering, you can:
 - Individually wrap them in airtight baggies.
 - Place them in a large, single use garbage bag. If more than one child is in diapers, label the bags clearly.
 - Place them in a labeled, covered diaper pail or other transport container for individual families. Unless you or the parents sanitize the diaper pail with bleach each day, you must line it with an airtight plastic bag. Store soiled items out of the children's reach. Parents should not have to take diapers out of one container and put them in another when they take them home.
- (7) A covered container or containers for nondisposable soiled items. One container may be for items the center washes, such as used towels and washcloths. Another (often an airtight plastic bag) can be for soiled clothes or plastic pants going home. Parents appreciate it if you put soiled clothes and soiled diapers in separate containers.
- (8) A sink for washing hands. The handwashing sink must be in the same room or in an area directly adjacent to the diaper changing area. The sink should be close enough so the provider need only pivot and take a single step to reach the sink.



Some providers find it useful to wear an apron with many pockets while they are caring for infants. That way they always have items like tissues, wipes, bandaids, and interesting toys available when they need them. They also then have a place for items like empty baby bottles and dirty pacifiers until they can put them away or clean them.

In most parts of the state, providers can use either disposable or cloth diapers. You can dump bulky diaper stool in a toilet, but you should not rinse diapers, plastic pants, and soiled clothes at the center. The risk of spreading germs is too great. The center may choose to either:

- Send the diapers home with parents for laundering; or
- Subscribe to a commercial diaper service. For young children who use diapers at the center regularly, a diaper service fee can be part of the tuition agreement.

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Some providers have found it worth while to subscribe to a diaper service, if there's one available in their area. There are several advantages:

- *It's more convenient for the center, because it eliminates the need for multiple storage containers.*
- *It's easier for the parents, because they don't have to haul diapers to and from the center.*
- *It's kinder to the planet.*

If the center supplies diapers, make sure parents know about it. For parents concerned about higher costs, mention your commercial rate for the service and their reduced diapering cost at home. This makes the service economical and convenient. If parents insist on sending their own supply of diapers, you may wish to let them do so.

Some counties ban or are considering bans on commercial dumping of disposable diapers in their landfills. Consult with your local health department to determine whether you should send home soiled disposable diapers with the parent or prohibit the use of disposables.


All persons changing diapers need to be aware of proper procedures. To ensure this, all centers must post their diaper changing procedures in the diaper changing area. If you wish, you can use a poster available from your licensor or surveyor.

Centers may chose not to chart diaper changes, although charting can be a useful tool. In fact, there are advantages to charting all the infant's routine activities during the day; sleep schedule, diaper changes, and feeding times since:

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REDUCED VERSION OF DIAPER CHANGING POSTER


Recommended Steps for

CHANGING DIAPERS




1

Wash your hands with soap and water. You may also use disposable gloves.




2

Be sure your supplies are ready and within reach. Never leave the child alone on the diapering table.




3

Take off the dirty diaper, and clean the child's bottom with wet wipes.



4

Throw away or bag the dirty items. Use a properly labeled, covered container that meets health regulations.




5

Wash your hands with soap and water or use a wet wipe.




6

Diaper and dress the child.




7

Wash the child's hands with soap and water or with a wet wipe.



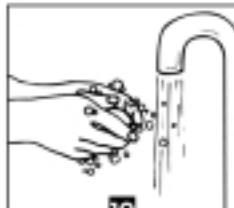
8

Put the child down in a safe place.



9

Clean and disinfect the diapering area and any equipment or supplies you touched. Always use an approved solution. Mix daily.



10

Wash your hands with soap and warm running water. Rinse well. Turn off faucet with a paper towel.

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- Infants cannot talk; parents appreciate any information that helps them know more about their child.
- The charts serve as a memory aid so staff do not forget a child's feeding or diaper change.
- Daily records help to spot changes in children's routine behavior which may indicate they are sick or under stress.



Germ's love warm, damp, dark places, and there's no place warmer, damper, and darker than a soiled diaper! Young children in diapers are subject to bacterial rashes and yeast infections which look terrible and are painful for the child.

If a young child's bottom is starting to look irritated, there are a number of steps you can take to clear up the infection:

- *Keep the area as dry as possible. Change the child frequently, clean thoroughly, and let the bottom dry before putting on a new diaper. If the parents give written authorization, you can use an ointment on the red area to form a moisture barrier for the skin.*
- *Keep the child's bottom uncovered whenever possible, or try using a thick cloth diaper with no rubber pants for at least part of the day.*
- *If the condition persists, the parents may need to get a prescription antibiotic to clear up the infection. Again, you should not use other ointments in combination with this treatment, as the medication must be in contact with the skin to work.*

Toilet Training

Toilet training is a patient affair. Providers should wait for children's physical development and for them to decide to use the toilet like the "big kids."

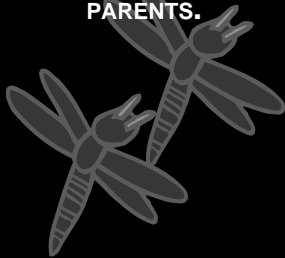
Toilet training starts long before children actually go to the bathroom in the toilet or potty chair for the first time. Providers let them watch other children use the toilet. They let the children examine the toilet to see how it works. Providers talk about how nice it will be not to wear diapers any more. They let the children practice sitting on the toilet to see how it feels and to get over any fears.

SWADDLERS, WADDLERS, & TODDLERS

The decision to start encouraging children to use the toilet should occur with children's parents. Based on their knowledge of children's habits, providers can schedule regular trips to the toilet. Providers should praise children when they have a successful "event," but not criticize them if nothing happens or insist they sit longer. Providers help wipe children after they use the toilet and then disinfect the equipment.

Gradually, providers encourage children to decide for themselves whether they need to use the bathroom. Providers schedule regular reminders during the day. If you or parents expect children to start using the toilet by themselves, it is important children wear training pants rather than diapers. They should also wear clothes they can pull down and pull up themselves. This makes it physically possible for them successfully to use the toilet. It also communicates to them that they are no longer considered babies.

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If you use special toileting training equipment, it should be stable. That way children will not get scared or accidentally knock over the equipment. Potty chairs are not the best equipment, for sanitary reasons. Toilet inserts or child-sized toilets are preferable. All toileting equipment must remain on moisture proof surfaces.